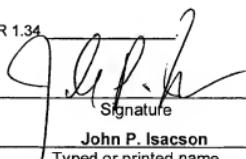


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))				Docket Number 62130-0009
In re Application of	Helen LEE et al.			
Application Number	10/500,167	Filed	October 12, 2004	
For	SAMPLE PREPARATION FOR THE DETECTION OF INFECTIOUS AGENTS			
Art Unit	1645	Examiner	N. Archie	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter appropriate fee below):				
	Fee	Small Entity Fee		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120	\$ 60	\$ _____	
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450	\$ 225	\$ 225.00	
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 1020	\$ 510	\$ _____	
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1590	\$ 795	\$ _____	
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2160	\$ 1080	\$ _____	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3840 . I have enclosed a duplicate copy of this sheet.				
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number: 33,715 <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____				
<u>May 3, 2007</u> Date		 Signature <u>John P. Isacson</u> Typed or printed name		
<u>(202) 416-6800</u> Telephone Number				
<u>Customer No. 61263</u>				

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.